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## FACSIMILE TRANSMISSION

### CONFIDENTIAL

DATE: March 19, 2004

CLIENT-MATTER No.: 23976-08191/US

To:

| NAME   | FAX NO.        | PHONE NO. |
|--|----------------|-----------|
| Elizabeth Keaney<br>Group Art No. 2882<br>U.S. Patent and Trademark Office | (703) 872-9306 |           |

FROM: Robert A. Hulse PHONE: (415) 875-2444

SENT BY: Cheryl Leger PHONE: (415) 875-2495

RE: In re: U.S. Patent Appl. No. 10/080,057

|                                    |                          |
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| NUMBER OF PAGES WITH COVER PAGE: 6 | ORIGINAL WILL NOT FOLLOW |
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MESSAGE:

Please see attached Transmittal, Fee Transmittal and Notification Regarding Payment of Fees As A Small Entity and Deficiency Payment (37 C.F.R. § 1.28(c)).

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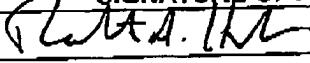
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| <b>TRANSMITTAL FORM</b>  |  |                        |                   |
| (to be used for all correspondence during pendency of filed application) |  |                        |                   |
| Total Number of Pages in This Submission                                 | 6  | Application Number     | 10/080,057        |
|  |  | Filing Date            | February 20, 2002 |
|  |  | First Named Inventor   | Chul Ha Chang     |
|  |  | Group Art Unit Number  | 2882              |
|  |  | Examiner Name          | Elizabeth Keaney  |
|  |  | Attorney Docket Number | 23976-08191       |

| ENCLOSURES (check all that apply)  |   |
|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)          | <input type="checkbox"/> Issue Fee Transmittal  |
| <input type="checkbox"/> <input type="checkbox"/> Check Enclosed                 | <input type="checkbox"/> Letter to Chief Draftsperson   |
| <input type="checkbox"/> Return Receipt Postcard                                 | <input type="checkbox"/> Formal Drawing(s):   |
| <input type="checkbox"/> Response to Notice to File Missing Parts                | <input type="checkbox"/> [ ] Sheet(s) of Figure(s) [ ]  |
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| <input type="checkbox"/> Declaration   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  |
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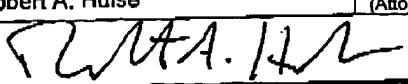
REMARKS:

| SIGNATURE OF ATTORNEY OR AGENT |   |        |                |
|--------------------------------|---|--------|----------------|
| Signature:                     |  |        |                |
| Attorney/Reg. No.:             | Robert A. Hulse, Reg. No. 48,473  | Dated: | March 19, 2004 |

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|--|---|--------|----------------|
| I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below. |   |        |                |
| Signature:   |  |        |                |
| Typed or Printed Name:   | Robert A. Hulse   | Dated: | March 19, 2004 |
| Facsimile Number:  | 1-703-872-9306  |        |                |

23976/08191/SF/5117369.1

| <b>FEE TRANSMITTAL<br/>for FY 2004</b>   |              | Complete If Known  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
|--|--------------|--|-------------------|--|----------|-----------------|----------|-----------------|----------|-----|-----|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------|-----|--------------------|-----|------|-----|-------------------------------------|-----|-------------------|----|------|-----|--|-----|------------------|-----|------|-----|---------------------------|-----|--------------------|-------|------|-------|---|----|------------------------|------|---------------------|------|--|--|------|--------|---|--------|---|--|----------------|-----|----------|----|--|---------|------|-----|------|-----|---|--------|------|-----|------|-----|--|--|------|-------|------|-----|---|--------------|------|-------|------|-------|--|-----|------|-----|------|-----|------------------|-----------|-----------|-----------|------|-----|--|----|------|-----|------------------------|-----|--------------------------|----|------|-------|-----------------------------------|-------|---|-----|------|-----|---------------------------------------|----|----------------------------------|----|------|-------|---|-----|------------------------------------|----|------|-------|---|-----|--------------------------------|--|-----------------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|--------|--|--|--|--|--|
|  |              | Application Number   | 10/080,057        |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
|  |              | Filing Date  | February 20, 2002 |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
|  |              | First Named Inventor   | Chul Ha Chang     |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
|  |              | Examiner Name  | Elizabeth Keaney  |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
|  |              | Art Unit   | 2882              |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |              | Attorney Docket No.  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 475.00)   |              | 23976-08191  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |              | <b>FEE CALCULATION</b> (continued)   |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>19-2555</b><br>Deposit Account Name <b>Fenwick &amp; West LLP</b><br><br>The Commissioner is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><br>to the above-identified deposit account.  |              | <b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> <th></th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>685</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>685</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">475.00</td> </tr> </tbody> </table> |                   | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee | Fee | Fee       | Fee       |           |           | Code (\$) | Code (\$) | Code (\$) | Code (\$) |      |     | 1051               | 130 | 2051 | 65  | Surcharge - late filing fee or oath |     | 1052              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 1053             | 130 | 1053 | 130 | Non-English specification |     | 1812               | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination |    | 1804                   | 920* | 1804                | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805  | 1,840* | Requesting publication of SIR after Examiner action |  | 1251           | 110 | 2251     | 55 | Extension for reply within first month |         | 1252 | 420 | 2252 | 210 | Extension for reply within second month |        | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |              | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |     | 1401 | 330 | 2401 | 165 | Notice of Appeal |           | 1402      | 330       | 2402 | 165 | Filing a brief in support of an appeal |    | 1403 | 290 | 2403                   | 145 | Request for oral hearing |    | 1451 | 1,510 | 1451                              | 1,510 | Petition to institute a public use proceeding |     | 1452 | 110 | 2452                                  | 55 | Petition to revive - unavoidable |    | 1453 | 1,330 | 2453  | 685 | Petition to revive - unintentional |    | 1501 | 1,330 | 2501  | 685 | Utility issue fee (or reissue) |  | 1502            | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(g) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | 475.00 |  |  |  |  |  |
| Large Entity   |              | Small Entity   |                   | Fee Description  | Fee Paid |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Fee  | Fee          | Fee  | Fee               |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Code (\$)  | Code (\$)    | Code (\$)  | Code (\$)         |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1051   | 130          | 2051   | 65                | Surcharge - late filing fee or oath  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1052   | 50           | 2052   | 25                | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1053   | 130          | 1053   | 130               | Non-English specification  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1812   | 2,520        | 1812   | 2,520             | For filing a request for ex parte reexamination                            |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1804   | 920*         | 1804   | 920*              | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1805   | 1,840*       | 1805   | 1,840*            | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1251   | 110          | 2251   | 55                | Extension for reply within first month                                     |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1252   | 420          | 2252   | 210               | Extension for reply within second month                                    |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1253   | 950          | 2253   | 475               | Extension for reply within third month                                     |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1254   | 1,480        | 2254   | 740               | Extension for reply within fourth month                                    |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1255   | 2,010        | 2255   | 1,005             | Extension for reply within fifth month                                     |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1401   | 330          | 2401   | 165               | Notice of Appeal   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1402   | 330          | 2402   | 165               | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1403   | 290          | 2403   | 145               | Request for oral hearing   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1451   | 1,510        | 1451   | 1,510             | Petition to institute a public use proceeding                              |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1452   | 110          | 2452   | 55                | Petition to revive - unavoidable   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1453   | 1,330        | 2453   | 685               | Petition to revive - unintentional   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1501   | 1,330        | 2501   | 685               | Utility issue fee (or reissue)   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1502   | 480          | 2502   | 240               | Design issue fee   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1503   | 640          | 2503   | 320               | Plant issue fee  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1460   | 130          | 1460   | 130               | Petitions to the Commissioner  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1807   | 50           | 1807   | 50                | Processing fee under 37 CFR 1.17(g)  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1806   | 180          | 1806   | 180               | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 8021   | 40           | 8021   | 40                | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1809   | 770          | 2809   | 385               | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1810   | 770          | 2810   | 385               | For each additional invention to be examined (37 CFR 1.129(b))             |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1801   | 770          | 2801   | 385               | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1802   | 900          | 1802   | 900               | Request for expedited examination of a design application                  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 475.00   |              |  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td colspan="2"><b>(S) 0.00</b></td> <td></td> <td></td> </tr> </tbody> </table> |              | Large Entity   |                   | Small Entity   |          | Fee Description | Fee Paid | Fee             | Fee      | Fee | Fee | Code (\$) | Code (\$) | Code (\$) | Code (\$) |           |           | 1001      | 770       | 2001 | 385 | Utility filing fee |     | 1002 | 340 | 2002                                | 170 | Design filing fee |    | 1003 | 530 | 2003   | 265 | Plant filing fee |     | 1004 | 770 | 2004                      | 385 | Reissue filing fee |       | 1005 | 160   | 2005  | 80 | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      | <b>(S) 0.00</b>  |  |      |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <td>Total Claims</td> <td>-20** =</td> <td>x</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>-3** =</td> <td>x</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </thead> <tbody> <tr> <td>Large Entity</td> <td>Small Entity</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee</td> <td>Fee</td> <td>Fee</td> <td>Fee</td> <td></td> <td></td> </tr> <tr> <td>Code (\$)</td> <td>Code (\$)</td> <td>Code (\$)</td> <td>Code (\$)</td> <td></td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2)</b></td> <td colspan="2"><b>(S) 0.00</b></td> <td></td> <td></td> </tr> </tbody> </table> |        | Extra Claims  |  | Fee from below |     | Fee Paid |    | Total Claims                           | -20** = | x    |     | =    |     | Independent Claims                      | -3** = | x    |     | =    |     | Multiple Dependent                     |  |      |       | =    |     | Large Entity                            | Small Entity |      |       |      |       | Fee                                    | Fee | Fee  | Fee |      |     | Code (\$)        | Code (\$) | Code (\$) | Code (\$) |      |     | 1202                                   | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                     | 86 | 2201 | 43    | Independent claims in excess of 3 |       | 1203  | 290 | 2203 | 145 | Multiple dependent claim, if not paid |    | 1204                             | 86 | 2204 | 43    | **Reissue independent claims over original patent |     | 1205                               | 18 | 2205 | 9     | **Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>            |  | <b>(S) 0.00</b> |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Large Entity   |              | Small Entity   |                   | Fee Description  | Fee Paid |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Fee  | Fee          | Fee  | Fee               |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Code (\$)  | Code (\$)    | Code (\$)  | Code (\$)         |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1001   | 770          | 2001   | 385               | Utility filing fee   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1002   | 340          | 2002   | 170               | Design filing fee  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1003   | 530          | 2003   | 265               | Plant filing fee   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1004   | 770          | 2004   | 385               | Reissue filing fee   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1005   | 160          | 2005   | 80                | Provisional filing fee   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |              | <b>(S) 0.00</b>  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Extra Claims   |              | Fee from below   |                   | Fee Paid   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Total Claims   | -20** =      | x  |                   | =  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Independent Claims   | -3** =       | x  |                   | =  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Multiple Dependent   |              |  |                   | =  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Large Entity   | Small Entity |  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Fee  | Fee          | Fee  | Fee               |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Code (\$)  | Code (\$)    | Code (\$)  | Code (\$)         |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1202   | 18           | 2202   | 9                 | Claims in excess of 20   |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1201   | 86           | 2201   | 43                | Independent claims in excess of 3  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1203   | 290          | 2203   | 145               | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1204   | 86           | 2204   | 43                | **Reissue independent claims over original patent                          |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| 1205   | 18           | 2205   | 9                 | **Reissue claims in excess of 20 and over original patent                  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |              | <b>(S) 0.00</b>  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| -or number previously paid, if greater; For Reissues, see above  |              |  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| Reduced by Basic Filing Fee Paid   |              |  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |
| <b>SUBTOTAL (3)</b> <b>(S) 475.00</b>  |              |  |                   |  |          |                 |          |                 |          |     |     |           |           |           |           |           |           |           |           |      |     |                    |     |      |     |                                     |     |                   |    |      |     |  |     |                  |     |      |     |                           |     |                    |       |      |       |   |    |                        |      |                     |      |  |  |      |        |   |        |   |  |                |     |          |    |  |         |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |              |      |       |      |       |  |     |      |     |      |     |                  |           |           |           |      |     |  |    |      |     |                        |     |                          |    |      |       |                                   |       |   |     |      |     |                                       |    |                                  |    |      |       |   |     |                                    |    |      |       |   |     |                                |  |                 |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |        |  |  |  |  |  |

|                          |   |                                      |        |                          |                |
|--------------------------|---|--------------------------------------|--------|--------------------------|----------------|
| Complete (if applicable) |   |                                      |        |                          |                |
| SUBMITTED BY             |   |                                      |        |                          |                |
| Name (Print/Type)        | Robert A. Hulse   | Registration No.<br>(Attorney/Agent) | 48,473 | Telephone (415) 875-2444 |                |
| Signature                |  |                                      |        | Date                     | March 19, 2004 |

**IN THE UNITED STATES**  
**PATENT AND TRADEMARK OFFICE**

**RECEIVED  
CENTRAL FAX CENTER**

MAR 19 2004

**OFFICIAL**

APPLICANTS: Chul Ha Chang

APPLICATION NO.: 10/080,057

FILING DATE: February 20, 2002

TITLE: PATTERNED SEED LAYER SUITABLE FOR ELECTRON-EMITTING DEVICE,  
AND ASSOCIATED FABRICATION METHOD

EXAMINER: Elizabeth Keaney

GROUP ART UNIT: 2882

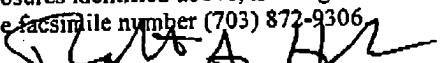
ATTY. DKT. NO.: 23976-08191

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number (703) 872-9306.

Dated: March 19, 2004

By:

  
Robert A. Hulse, Reg. No. 48,473

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

**NOTIFICATION REGARDING PAYMENT OF FEES AS A  
SMALL ENTITY AND DEFICIENCY PAYMENT (37 C.F.R. § 1.28(c))**

On February 6, 2004, Applicant claimed small entity status in this application. The

following fees were paid as a small entity:

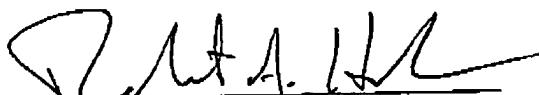
| Fee Paid as Small Entity                   | Date             | Amount   |
|--|------------------|----------|
| Extension for Reply within<br>Fourth Month | February 6, 2004 | \$475.00 |

Although Applicant believed in good faith that it was entitled to small entity status, it has discovered that it may not be entitled to small entity status for this application. Accordingly, payment is attached for the sum of \$475.00 for the deficiency between the amount of fee(s) paid and the amount that would be due without small entity status. Attached is a check, which covers this amount. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above to Deposit Account No. 19-2555.

Status as a small entity is hereby withdrawn.

Respectfully submitted,  
CHUL HA CHANG ET AL.

Dated: March 19, 2004

By: 

Robert A. Hulse, Reg. No. 48,473  
Attorney for Applicant  
Fenwick & West LLP  
801 California Street  
Mountain View, CA 94041  
Tel.: (415) 875-2444  
Fax: (415) 281-1350